



Hand and Upper Extremity History

Name: _____ Today's Date: _____

Age: _____ Date of Injury: _____

Referred by: _____

Place of Injury: _____

Handedness: **Right** **Left** Occupation: _____

Please describe what area of your arm or hand hurts you:

Describe exactly when and how your injury occurred:

How Frequent is your pain?

Occasional **Intermittent** **Frequent** **Constant**

How Severe are your symptoms?

Mild **Slight** **Moderate** **Severe**

How would you rate your pain on a scale of 0 to 10?

(0 = no pain; 10 = worst imaginable pain)

When you first experienced the pain: _____

Over the past 2 weeks: _____

Now: _____

What type of pain do you have?

Sharp **Dull** **Aching** **Stabbing** **Electrical**

Where does the pain radiate?

Neck **Shoulder** **Elbow** **Hands** **Fingers**

What activities make your pain worse?

What activities make your pain better?

What medications have you tried for this problem?

Have you had physical or hand therapy?

Yes **No** If yes, when? _____

Did the therapy help you?

Have you had previous procedures for your problem?
